

10/05/09	09/03/09	07/16/09	07/16/09	07/16/09	07/16/09	07/16/09	07/16/09	07/16/09	07/16/09	07/16/09	07/16/09	07/16/09
SUBCLASS		CLASS		ISSUE CLASSIFICATION		I.P.E.		PATENT DATE		PATENT NUMBER		
U.S. UTILITY Patent Application												
												
APPLICANTS		APPLICATION NO.		CONT/PRIOR		CLASS	SUBCLASS	ART UNIT	EXAMINER		S	
TITLE		09/838433		1		4	2011	OWENS		S		
Simulation												
Method and apparatus for implementing control simulation environment												
PTO-2040 12/99												
ISSUING CLASSIFICATION												
ORIGINAL		CLASS		SUBCLASS		CLASS		SUBCLASS		CROSS REFERENCE(S)		
CLASS		SUBCLASS		CLASS		SUBCLASS		SUBCLASS (ONE SUBCLASS PER BLOCK)		CROSS REFERENCE(S)		
INTERNATIONAL CLASSIFICATION		CLASS		SUBCLASS		CLASS		SUBCLASS		CROSS REFERENCE(S)		
CLASS		SUBCLASS		CLASS		SUBCLASS		SUBCLASS		CROSS REFERENCE(S)		
CLASS		SUBCLASS		CLASS		SUBCLASS		SUBCLASS		CROSS REFERENCE(S)		
Continued on Issue Slip Inside File Jacket												
<input type="checkbox"/> TERMINAL DISCLAIMER		DRAWINGS		CLAIMS ALLOWED		Total Claims		Print Claim for O.G.				
<input type="checkbox"/> The term of this patent, subsequent to _____ (date) has been disclaimed.		Sheets Drawg. _____		Figs. Drawg. _____		Print Fig. _____		Total Claims _____		Print Claim for O.G. _____		
<input type="checkbox"/> The term of this patent shall not extend beyond the expiration date of U.S. Patent No. _____		(Assistant Examiner) _____ (Date) _____		(Primary Examiner) _____ (Date) _____		(Primary Examiner) _____ (Date) _____		Total Claims _____		Print Claim for O.G. _____		
<input type="checkbox"/> The terminal _____ months of this patent have been disclaimed.		(Legal Interns Examiner) _____ (Date) _____		(Primary Examiner) _____ (Date) _____		(Primary Examiner) _____ (Date) _____		Total Claims _____		Print Claim for O.G. _____		
NOTICE OF ALLOWANCE MAILED												
ISSUE FEE												
<input type="checkbox"/> Amount Due _____		<input type="checkbox"/> Date Paid _____		(Primary Examiner) _____ (Date) _____		(Primary Examiner) _____ (Date) _____		(Primary Examiner) _____ (Date) _____		(Primary Examiner) _____ (Date) _____		
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